

MI Chapter American Academy of Pediatrics

Testimony on HB 4183, H-1 and HB 4476, H-1

House Health Policy Committee

June 2, 2009

Thank you, Mr. Chair, Committee members for the opportunity to speak with you on the bills before you today. I am Denise Sloan, Executive Director of the MIAAP—the professional society for the over 1700 pediatricians in the state of Michigan. We are an affiliate of the American Academy of Pediatrics.

We are not able to support the legislation as substituted that is before you today. We would welcome the opportunity to work with the Committee to promote sound treatment and practices for children with Autism Spectrum Disorders.

Autism Spectrum Disorder is a developmental disorder. Over the last decade we have seen a growing number of children diagnosed with the disorder. The American Academy of Pediatrics (AAP) estimates that 1 in 150 children may be diagnosed with some degree of severity.

The primary goals of treatment by primary care physicians are to minimize the core features and associated deficit, maximize functional independence and quality of life and alleviate family distress.

Educational interventions are the cornerstones of management of ASDs. Many of the evidence based treatments for ASD are delivered outside the medical system of care. It is therefore important to clarify whether there would be a duplication of services delivered through the educational and medical services particularly in light of the rise of health care costs and limitations on existing health insurance coverage.

The legislation specifically identifies that, in addition to services that are traditionally covered by insurance—evaluations, speech therapy, physical therapy—a behavioral treatment is singled out to be covered by insurers, Applied Behavioral Analysis (ABA). The AAP recognizes ABA as one of a number of behavioral treatment options that providers might utilize to treat the disorder.

The MIAAP objects to mandating a specific form of treatment to be covered by insurance. A wide range of evidence based treatments need to be available for children with ASD and other developmental behavioral disorders. Mandating a given treatment through the insurance code does not provide physicians with the latitude needed to make the most effective use of treatment. Further, legislative mandates with regard to treatment ties the hands of providers when more effective or individualized treatment options become available in the future.

We are concerned that the legislation singles out ASDs for coverage but does not address the treatment needs of other developmental delays and behavior disorders. We support mental health parity from all health plans and for all diagnoses.

Further the substitute language would permit individuals who are not licensed physicians to make a determination of “medically necessary”. We strongly believe that it is in the best interest of our children to have licensed physicians making the determination as to “medical necessity”.

We believe that with supports and services children with Autism Spectrum Disorders can live successfully at home with their families. We believe that early identification and intervention leads to better outcomes for children with ASD. We believe that intensive, evidenced based and effective practices lead to better results for children and families. We believe that families, health care providers, education, public agencies and commercial insurance have a shared responsibility for supportive services and interventions for children with ASD.

We value a choice of practices that are evidence based and effective, based on the consensus of experts, including clinicians and parents.

As the first line medical specialists that deliver care to children members of the MIAAP support access and adequate treatment for children with ASDs and other developmental delays and behavior disorders.

We stand ready to work the Committee to address these concerns.

MIAAP

221 N. Pine

Lansing, MI 48933

517-484-3013

dsloan9@gmail.com